PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885



| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat | a below or directed oth | for trans ng the P herwise | mitting the ISSU atent, advance or in Block 1, by (a | JE FEE and PUBLIC rders and notification a) specifying a new c | CATIO of ma correspo | N FEE (intenance indence a | if requir fees winddress; | ed). B ll be n and/or | locks 1 nailed t (b) ind | through 5 o the currer icating a se | should nt corre parate | be completed w spondence addres FEE ADDRESS' | here s as ' for |
|--|---|----------------------------------|---|--|-----------------------------------|--------------------------------------|----------------------------------|-----------------------------|--------------------------------|---|------------------------------|--|-----------------------|
| CURRENT CORRESPONDE | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | | | | | | | |
| 21254 | 7590 04/01 | /2008 | | | | | | | Ū | | | nn * | |
| MCGINN INT | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | | | | | | |
| VIENNA, VA 22 | 2182-3817 | | | | | | | | | | | (Depositor's na | ıme) |
| | | (Hand Delivered) | | | | | | (Signa | aure) | | | | |
| | | | | | | | | | • | * | • | (E | Date) |
| APPLICATION NO. | APPLICATION NO. FILING DATE | | | FIRST NAMED INVEN | NTOR | OR ATTORNEY DOCKET NO. | | | | | CONFIRMATION NO. | | |
| 10/635,515 FITLE OF INVENTION: | 08/07/2003 PRINT SERVICE SYS | | Mikio Watanabe F03-156154M/NY SERVER 97/01/2008 AUONDAF2 000000 | | | | 4M/NY 2 0000001 | 12 10635515 ⁸⁴⁵³ | | | | | |
| · 1 | | | • | | | g | 1 FC:15 2 FC:15 3 FC:86 | 504 | | | | 1440.00 OP 300.00 OP 15.00 OP | |
| APPLN. TYPE | SMALL ENTITY | ISS | UE FEE DUE | PUBLICATION FEE D | DUE P | REV. PAI | D ISSUE | FEE | TOTA | L FEE(S) DU | Е | DATE DUE | |
| nonprovisional | NO | | \$1440 | \$300 | | \$0 | | | \$1740 | | | 07/01/2008 | |
| EXAM | INER | , | ART UNIT | CLASS-SUBCLASS | s | | | | | | | | |
| MILIA, M | 2625 | 358-001150 | | | | | | | | | | | |
| I. Change of corresponde CFR 1.363). Change of corresponders form PTO/SB and TTO/SB 1.75 are dependent of the pto/SB/47; Rev 03-0. Number is required. | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a | | | | | | | | | | | | |
| 3. ASSIGNEE NAME AT | ND RESIDENCE DATA | A TO BE | PRINTED ON 1 | THE PATENT (print o | or type) | | | | | | | | — |
| PLEASE NOTE: Unle recordation as set forth | ess an assignee is ident in 37 CFR 3.11. Comp | ified bel | ow, no assignee f this form is NO | data will appear on to T a substitute for filing | the pate | nt. If an | assigne | e is ide | entified | below, the | docume | ent has been filed | . for |
| (A) NAME OF ASSIC | | | | (B) RESIDENCE: (C | _ | _ | | UNTI | RY) | | | | |
| Fui | ifilm Corpo | rati | .on | | Tol | cyo, | Japa | an | | | | | |
| Please check the appropri | _ | | | inted on the patent): | ☐ In | dividual | Cor | poratio | n or otl | ner private g | roup en | tity Governm | ıent |
| Aa. The following fee(s) at lissue Fee Publication Fee (N Advance Order - # | o small entity discount p | permitted | | p. Payment of Fee(s): (A check is enclosed) Payment by credity The Director is he overpayment, to I | (Please sed. it card. | first rea | pply any 0-2038 | previ | ously p | aid issue fe | e showi | | |
| 5. Change in Entity Stat | us (from status indicate | d above) | · | | | | | | | ` | | | - |
| | SMALL ENTITY state | | | b. Applicant is no | | | | | | | | | _ |
| NOTE: The Issue Fee and interest as shown by the r | l Publication Fee (if req ecords of the United Sta | uired) w ites Patei | ill not be accepted at and Trademark | d from anyone other the Office. | han the | applicant | ; a regist | tered at | torney | or agent; or | the assi | gnee or other part | y in |
| Authorized Signature | HW | | | | ٠ | Date _ | Jun | e 3 | 0, 2 | 8008 | | · ilai | |
| Typed or printed name | Scott M. | Tuli | no | | | Registr | ation No | 4 | 8,31 | 7 | | · | |
| This collection of information application. Confident submitting the completed | ation is required by 37 Ciality is governed by 35 application form to the | FR 1.31 U.S.C. USPTC | 1. The information 122 and 37 CFR D. Time will vary | on is required to obtain 1.14. This collection i depending upon the i | n or reta is estim individu | in a bene ated to ta ial case. | fit by the ke 12 m Any con | e publi inutes nments | c which to comp on the | is to file (a plete, includ amount of | nd by thing gath | e USPTO to proceed to group to ground the communication of the communica | ess) and lete |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

| | ed below or directed oth | | | | | | | | | nould be completed where correspondence address as rate "FEE ADDRESS" for | | |
|--|---|---|--|--|------------------------------|---|--------------------------------------|-----------------------|--|---|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fce(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission. | | | | | | |
| MCGINN INT 8321 OLD COU SUITE 200 VIENNA, VA 22 | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | | | | | |
| VIENNA, VA 2 | 2102-3017 | | | | <u> </u> | | | | | (Depositor's name) | | |
| | | | (Hand Delivered) | | | | | (Signature) | | | | |
| | | | | | <u>L</u> | | | - | | (Date) | | |
| APPLICATION NO. | APPLICATION NO. FILING DATE | | | FIRST NAMED INVEN | ITOR | | ATT | TORNEY | DOCKET NO. | CONFIRMATION NO. | | |
| 10/635,515 FITLE OF INVENTION | 08/07/2003 : PRINT SERVICE SYS | TEM A | AND PRINT SERV | Mikio Watanabe VICE SERVER | • | | 1 | F03-156 | 154M/NY | 8453 | | |
| APPLN. TYPE | SMALL ENTITY | IS | SUE FEE DUE | PUBLICATION FEE | OUE | PREV. PAI | V. PAID ISSUE FEE | | AL FEE(S) DUE | DATE DUE | | |
| nonprovisional | NO | | \$1440 | \$300 | | | \$0 \$1 | | \$1740 | 07/01/2008 | | |
| EXAM | | ART UNIT | CLASS-SUBCLASS | s | | | | | | | | |
| MILIA, N | 2625 | 358-001150 | 88-001150 | | | | | | | | | |
| CFR 1.363). Change of corresponders form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. | | Correspondence tion form of a Customer E PRINTED ON 1 | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | | | | | |
| (A) NAME OF ASSIC | GNEE | | | (B) RESIDENCE: (C | | | | • | | | | |
| _ | ifilm Corpo | | | | kyo, Japan | | | | | | | |
| Please check the appropri | ate assignee category or | catego | ries (will not be pr | inted on the patent): | | Individual | Corpora | ation or o | other private gro | up entity Government | | |
| a. The following fce(s) at lissue Fee Dublication Fee (N Advance Order - # | | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | | | | | | |
| a. Applicant claims | us (from status indicated SMALL ENTITY statu | s. See : | 37 CFR 1.27. | ☐ b. Applicant is no | olong | er claiming | SMALL E | NTITY s | tatus. See 37 CF | R 1.27(g)(2). | | |
| NOTE: The Issue Fee and interest as shown by the r | Publication Fee (if requeecords of the United Sta | ired) w es Pate | rill not be accepted nt and Trademark | I from anyone other the Office. | han th | e applicant; | a registered | d attorne | y or agent; or the | e assignee or other party in | | |
| Authorized Signature | HW | | | | | Date | June | 30, | 2008 | | | |
| Typed or printed name | Scott M. | Tul | ino | | | Registra | ation No | 48,3 | 17 | | | |
| ubmitting the completed nis form and/or suggestion | ianty is governed by 15 | U.S.C. USPT(den. sh | D. Time will vary ould be sent to the | depending upon the inchine the | is esti indivi ifficer | mated to tal dual case. A U.S. Pater | ke 12 minut Any comment and Trade | tes to corents on the | nplete, including se amount of tim ffice IIS Densi | by the USPTO to process) g gathering, preparing, and the you require to complete rement of Commerce, P.O. | | |

submitting the completed applicat this form and/or suggestions for re Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.